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**Return of Organization Exempt From Income Tax**

**2016**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning Jan 1st, 2016, and ending Dec 31, 20 16

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization GFT charity Inc  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
445 E FM 1382 Smit #3-155  
 City or town, state or province, country, and ZIP or foreign postal code  
Cedar Hill, Tx 75104

**D** Employer identification number  
46-1372848

**E** Telephone number  
972-342-7902

**F** Name and address of principal officer: \_\_\_\_\_

**G** Gross receipts \$ \_\_\_\_\_

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ http://www.gftcharity.org

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 2012 **M** State of legal domicile: Texas

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: The Corp is organized for charitable, religious & educational purposes. To make distribution to organizations qualify as exempt under 501(c)3 IRS code. Also see Sch. O

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) **3** 4

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 5

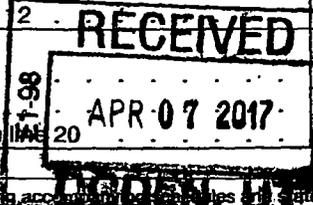
**5** Total number of individuals employed in calendar year 2016 (Part V, line 2a) **5** 0

**6** Total number of volunteers (estimate if necessary) **6** 7

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 0

**7b** Net unrelated business taxable income from Form 990-T, line 34 **7b** -

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	148,000	125,000
<b>9</b> Program service revenue (Part VIII, line 2g)		
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,344	1,788
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	150,344	126,788
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	87,274	91,225
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,678	27,783
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	115,952	119,006
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	34,392	7,682
<b>20</b> Total assets (Part X, line 16)	29,224	235,675
<b>21</b> Total liabilities (Part X, line 26)	41,000	32,000
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	88,224	203,675



**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: Lilli Guber Date: 4/1/2017  
 Type or print name and title: Treasurer

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_

Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED MAY 19 2017

930

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

*See part (I) line 1 Sch. O*

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: *501c3*) (Expenses \$ *15,000*<sup>00</sup> including grants of \$ *15,000*<sup>00</sup>) (Revenue \$ \_\_\_\_\_)  
*University of Maryland, College Park Foundation Inc.*

**GFT Science Award to Peter Yoon, through the University of Maryland College Park Foundation, Inc. for his outstanding contribution in the Institute for Physical Science and Technology in the College of computer, Mathematical and Natural Sciences.**

This award will offer the recognition and support to Dr. Yoon to further his fine research at the University of Maryland. We strongly believe reseach of basic science will eventually benefit our country and society.

4b (Code: *501c3*) (Expenses \$ *10,000*<sup>00</sup> including grants of \$ *10,000*<sup>00</sup>) (Revenue \$ \_\_\_\_\_)  
*University of Missouri - Kansas city Scholarship*

**GFT Scholarship to University of Missouri-Kansas City which has a long and rich history of excellence in the oral health professions. This grant will support the work on new and innovative ways to provide the best education possible to the students.**

4c (Code: *501c3*) (Expenses \$ *5,950*<sup>00</sup> including grants of \$ *5,000*<sup>00</sup>) (Revenue \$ \_\_\_\_\_)  
*nj state Fair / Sussex County Farm & Horse Show, N.J.*

**Provide support to the annual Sussex County Farm and Horse show/NJ State Fair for the \$5000 Show Jumping Hall of Fame Classic.**

**To encourage the sportsmanship for the people in the horse Jumping.**

4d Other program services (Describe in Schedule O.)  
(Expenses \$ *59,915*<sup>00</sup> including grants of \$ *53,476*<sup>00</sup>) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses *\$ 91,323.00*

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .</i>		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
b <i>Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b <i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> <u>4</u> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. <i>one of the 5 members resigned and was</i>		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> <u>5</u>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . <b>3</b>		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		<input checked="" type="checkbox"/>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>		<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>		<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>		
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O.</i> . . . . . <b>9</b>	<input checked="" type="checkbox"/>	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . . . . . <b>12a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> . . . . . <b>12c</b>		
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>		<input checked="" type="checkbox"/>
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>		<input checked="" type="checkbox"/>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>		<input checked="" type="checkbox"/>
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>		<input checked="" type="checkbox"/>
<i>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</i>		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► UT

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
Lilli Gober, 412 Robin Rd, Cedar Hill, TX 75104  
972-342-7902

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Alan Gober President							0	0	0	
(2) Lilli Gober Treasurer							0	0	0	
(3) Paul Low-Bear Board member							0	0	0	
(4) <sup>and</sup> Helen Veltkamp Board member							0	0	0	
(5) Kenneth Gober Secretary							0	0	0	
(6) Board member										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)	N/A									None was paid as stated in the By-Laws.
(16)	All volunteers.									
(17)	exception:									Treasurer was paid "\$1 <sup>00</sup> "
(18)										one dollar as a token fee.
(19)										(To L.H. Guber)
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

<b>1b Sub-total</b> . . . . .			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>d Total (add lines 1b and 1c)</b> . . . . .	0	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	0
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	4	0
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	5	0

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 125,000					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .		125,000				
<b>Program Service Revenue</b>	<b>2a</b> _____ <b>Business Code</b>						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .						
	<b>g Total.</b> Add lines 2a-2f . . . . .		0				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1788				
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
		<b>d</b> Net gain or (loss) . . . . . ▶					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events ▶					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities ▶							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . ▶						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue . . . . .						
	<b>e Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12 Total revenue.</b> See instructions. . . . . ▶			126788				

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	91,323			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	260			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	879			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	775			
12 Advertising and promotion	0			
13 Office expenses	2,944			
14 Information technology	400			
15 Royalties	0			
16 Occupancy	6,245			
17 Travel	2,081			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,802			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Auto	1,026			
b				
c				
d				
e All other expenses Am 24 Savings	195			
25 Total functional expenses. Add lines 1 through 24e	119,106			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	8108	1	17862
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	37267		
	10b	Less: accumulated depreciation	8600	10c	28667
	11	Investments—publicly traded securities	183849	11	189146
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	229224	16	205675	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	41000	22	32000
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	41000	26	32000
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	188224	33	203675	
34	<b>Total liabilities and net assets/fund balances</b>	229224	34	235675	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	126788
2	Total expenses (must equal Part IX, column (A), line 25)	2	119106
3	Revenue less expenses. Subtract line 2 from line 1	3	7682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	188224
5	Net unrealized gains (losses) on investments	5	3769
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	4000
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	203675

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization

*GFT charity Inc*

Employer identification number

*46-1372848*

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** Supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	40,000	300,836	43,000	148,000	125,000	656,836
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	40,000	300,836	43,000	148,000	125,000	656,836
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4	40,000	300,836	43,000	148,000	125,000	656,836

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 . . . . .	40,000	300,836	43,000	148,000	125,000	656,836
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .		4626	6966	2344	5557	19,493
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10	40,000	305,462	49,966	150,344	130,557	676,329
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

- 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . . 

14	97 %
----	------
- 15 Public support percentage from 2015 Schedule A, Part II, line 14 . . . . . 

15	97 %
----	------
- 16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶
- b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶
- 17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶
- b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

*GFT charity Inc*

Employer identification number

*46-1372848*

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ (ii) Assets included in Form 990, Part X . . . . . ▶ \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ b Assets included in Form 990, Part X . . . . . ▶ \$	

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other <i>Financial Investment</i>		
<i>See attached 2016</i>		
<i>Fidelity year end report</i>		
<i>and year end tax statement</i>		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>\$189,146</b>	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

*GFI Charity Inc*

Employer identification number

*46-1372848*

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? *To 501(c)(3) Govt. organizations.*  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  
**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
① <i>University of Md. College Park Foundation</i>							
② <i>College Park, MD</i>	<i>52-2197813</i>	<i>501(c)3</i>	<i>\$15,000</i>				<i>To support and encourage research in public issues</i>
③ <i>University of Missouri</i>							
<i>Missouri, MO</i>							
④ <i>School of Dentistry</i>	<i>43-604456</i>	<i>501(c)3</i>	<i>\$10,000</i>				<i>Study change</i>
⑤ <i>220. 64108-2784</i>							<i>Scholarship to Dental school students</i>
⑥ <i>State Fair</i>							
<i>Subway Hometown</i>							
⑦ <i>P.O. Box 2456</i>	<i>22-172-0078</i>	<i>501(c)3</i>	<i>\$5,000</i>				<i>To support the annual Survey</i>
⑧ <i>Branchville NJ</i>							<i>Survey twice a year out of state</i>
⑨ <i>07826</i>							<i>Fair 2016</i>
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2016)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I line 2

We only make donations to qualified 501(c3) organizations for the purpose stated as the mission and activities in 6.F.7 By-Laws. Each project initially voted for by all or majority board members could continue in following years. Next project must be voted by board members for approval. One or more board members will make routine on-site visit or contact to ensure the grant was used as it was intended to be. All of our board members reviewed form 990 return and audit the expenditures each year as approved by the board members.

part III 4D - 1

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
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Employer identification number

*GFT charity Inc*

*46-1372848*

**OTHER SCHOLARSHIP NOT INCLUDED IN PAGE 2**

**BERGEN COMMUNITY COLLEGE**

CHRISTIE ZEMBRYSKY \$3,500.00

**CORNELL COLLEGE**

ROBIN BRIGMAN \$3,500.00

**UNIVERSITY OF TEXAS AT ARLINGTON**

DEVON MOSLEY \$2,000.00

**EASTERN COLLEGE**

CAMPOLO SCHOLARSHIP FUND \$1,000.00

**PORTLAND STATE UNIVERSITY**

JULIANNE PEARSON \$1,800.00

**RICHLAND COMMUNITY COLLEGE**

JOSEPH STILL \$713.00

**UNIVERSITY OF TEXAS AT ARLINGTON**

AYOMIDE AJAYI \$500.00

**UNT DALLAS**

SIDNEY FRAZIER \$500.00

**EXCELSIOR COLLEGE**

EMMANUEL TUCKER \$600.00

**TARLETON STATE UNIVERSITY**

BRIAN JOHNSON \$500.00

T = \$ 14,613.00

EXPENSE = \$1,509.00

TOTAL = \$16,122.00

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Employer identification number

**PART III. LINE 2**

**NEW PROGRAM**

IN 2016, WE MADE AN INITIAL \$3,000.00 DONATION TO FIRST UNITED METHODIST CHURCH, CEDAR HILL, TEXAS FOR THE PURCHASE OF TELECOMMUNICATION EQUIPMENT TO SET UP A TELEPHONE MINISTRY FOR THE SHUT IN PATIENTS WHO COULD HEAR THE SUNDAY SERVICE, THE PRAYER GROUP AND PERSONAL CONSULTATION BY PHONE. THIS PROJECT IS IN MEMORY OF HELEN DUBOIS VELTKAMP. WE EXTENDED THIS PROGRAM WITH FOLLOW UPS BY PERSONAL VISITATION. AND TAKE NEEDED STEPS TO HELP THE PATIENTS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

46-1372848

*GFT Charity Inc*

**PART (I) LINE 1**

We care about the young people. We donate funds to the children hospitals. We support their education and school activity. We support their music and sport program. We help with the purchase of classroom computers. We donate fund to support young people's horse show program at the NJ State Fair. For college students, we offer them the scholarships. Whenever possible, we encourage people to seek higher education by helping them with scholarships. We also set up scholarships at the universities. We issue scientific award to promote basic research.

We care about the elderly and their quality life. We sponsored many programs, activities for the community senior centers, retirement homes, assisted living and for the nursing home patients. We visited the terminally-ill patients and hospice patients. Often we sent or brought food for them. Occasionally, we took them for a short outing to ease them with depression.

Aside from the young and elderly, we also care about everyone in between. We promote good health and happiness. We support recreation centers, community centers for their health related programs. We also support music and art programs for the communities. We support churches, food banks among many others. In 2016, we began a new project together with Methodist church for a community out-reach program to help the shut ins. To bring the church service, prayer meeting as well as personal consultations to the shut-ins through the telephone ministry.

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2016

Open to Public  
Inspection

Employer identification number

46-1372848

GFT charity Inc

Part VI, Section A, line 9

one of the board members, "Helen Veltkamp" passed away 11/1/16.

Part VI, Section B, line 11 b

Following the practice as the prior years -

- ① The Treasurers will handle the tax return form 990 and the Treasurers will be the tax members.
- ② Form 990 returns will be sent to all board members for review & approval before file to IRS.
- ③ A new project must be approved by board members.

Part VI: Line 12a and Line 19 --

Enclosed a copy of conflict of interest of policy written in the "BY LAW" for GFT Charity Inc. All members (board members, officers) are all VOLUNTEERS. No compensation (ZERO compensations) is or was paid to any. We follow IRS regulations and legal advice from attorney to make the policy and financial statement available to the public upon request.

In 2015, we made an exception by paying Lilli Gober ONE DOLLAR (\$1.00) as a token appreciation for her tremendous amount work. This was approved by all the board members.

Name of the organization

G F J charity Inc

Employer identification number

46-187,2848

DALLAS SYMPHONY ORCHESTRA, DALLAS, TX 501C3 CODE  
DONATION = \$5,800.00  
SUPPORT THE MUSIC AND ARTS TO THE PEOPLE OF DALLAS.  
FREE CONCERT TICKETS WERE DONATED TO NEAR BY RECREATION  
CENTERS (501C3 CODE) MEMBERS.

DALLAS CHINESE COMMUNITY CENTER, RICHARDSON, TX 501C3 CODE  
GRANT = \$2,000.00  
EXPENSE=\$239.00  
T = \$ 2,239.00

PROVIDE SUPPORT TO THE CHINESE COMMUNITY IN NORTH DALLAS.  
TO ENHANCE CHINESE CULTURAL PROGRAM. SUPPORT THE DANCE  
PROGRAM AND OTHER ACTIVITIES.\

MONROE VILLAGE, MONROE TWP, NJ 501C3 CODE

DONATION = \$ 3,700.00

EXPENSE = \$ 300.00

T = \$ 4,000.00

TO CONTINUE THE TUITION SCHOLARSHIP PROGRAM FOR STAFFS  
WHO WANTS TO ADVANCE THEMSELVES IN EDUCATION. TO  
SUPPORT AND IMPROVE THE LIFE OF ELDERLY ACTIVITY.

10 SCULPTURE MUSEUM TICKETS (SEE SCULPTURE MUSEUM) WAS  
DONATED TO THE RESIDENTS.

SUPPORT AND PROVIDE SPECIALTY FOOD FOR MEN'S CLUB, ITALIAN  
CLUB LUNCH PROGRAM.

SPONSOR LUNCH PROGRAM TO TERMINAL-ILLED RESIDENTS.

TO SPONSOR THANK YOU LUNCHESES FOR MONROE STAFFS, SECURITY  
GUARDS, LOBBY STAFFS ESPECIALLY THE EVENING SHIFT STAFFS  
INCLUDING NEW YEAR HOLIDAY CELEBRATIONS.

SPECIAL VISITATION TO THE SHUT INS AND PERSONAL SUPPORT.

Name of the organization

GFT charity Inc

Employer identification number

46-137-2848

GROUNDS FOR SCULPTURE, HAMILTON, NJ 501C3 CODE  
10 TICKETS TO THE MUSEUMS AT THE GROUNDS FOR SCULPTURE  
WAS DONATED TO MONROE VILLAGE RESIDENTS.

CHINESE SENIORS UNITED ASSOCIATION OF NORTHERN CALIFORNIA  
CUPERTINO, CA 501C3 CODE  
DONATION = \$2,400.00  
EXPENSE = \$450.00  
T = \$ 2,850.00  
PROVIDE FUNDING TO SUPPORT THE SENIOR MEMBERS IN THEIR  
HEALTH PROGRAM AND ENTERTAINMENT ACTIVITIES.

FIRST UNITED METHODIST CHURCH, CEDAR HILL, TX 501C3 CODE  
DONATION = \$3,000.00  
TO ESTABLISH A TELEPHONE MINISTRY FOR THE SHUT IN PATIENTS  
WHO COULD HEAR THE SUNDAY SERVICE, THE PRAYER GROUP AND  
PERSONAL CONSULTATION BY PHONE. THIS PROJECT IS IN MEMORY  
OF HELEN DUBOIS VELTKAMP.

METHODIST REHABILITATION HOSPITAL, DALLAS, TX 501C3 CODE  
DONATION = \$46.00 PIZZA TO THE STAFFS

KINGSTON PRESBYTERIAN CHURCH, KINGSTON, NJ 501C3 CODE  
DONATION = \$400.00

BEACH HAVEN COMMUNITY ARTS PROGRAM, BEACH HAVEN, NJ 501C3 CODE  
DONATION = \$1,458.00  
EXPENSE = \$300.00  
T = \$1,758.00  
TO SPONSOR A CLASSIC CONCERT ON THE GREEN IN THEIR SUMMER  
PROGRAM. TO PROVIDE A FREE CONCERT FOR THE BENEFIT OF  
RESIDENTS AND VISITORS IN BEACH HAVEN.

SCOTTISH RITE HOSPITAL, DALLAS, TX 501C3 CODE  
DONATION = \$1,800.00

TO PROVIDE EXCEPTIONAL MEDICAL CARE TO KIDS FROM ACROSS  
THE STATE, REGARDLESS OF ANY FAMILY'S INSURANCE COVERAGE  
OF ABILITY TO PAY.

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Name of the organization

GFT charity Inc

Employer identification number

46-1372848

DANA HILL HIGH SCHOOL, DANA POINT, CA 501C3 CODE

DONATION = \$ 1,146.00

EXPENSE = \$ 500.00

T = \$ 1,646.00

TO ATTEND AND PROVIDE FUNDING FOR THEIR STATE MARCHING BAND COMPETITION.

NIGUEL HILL MIDDLE SCHOOL, LAGUNA NIGUEL, CA 501C3 CODE

DONATION = \$ 1,120.00

EXPENSE = \$ 600.00

T = \$ 1,720.00

TO ATTEND AND SUPPORT THEIR ORCHESTRA PROGRAM.

HIGH POINT UNITED SOCCER CLUB, AUGUSTA NJ 501C3 CODE

DONATION = \$ 1,500.00

EXPENSE = \$ 200.00

T = \$ 1,700.00

SUPPORT THE NEW SOCCER CLUB FOR THE SCHOOL STUDENTS AS THEIR SPORT PROGRAM.

CEDAR HILL RECREATION CENTER, CEDAR HILL, TX 501C3 CODE

DONATION = \$ 1,646.00

PROVIDE FUNDING FOR TH TEACHING PROGRAM FOR PICKLEBALL CLUB BEGINNER PLAYERS

PROVIDE FOOD FOR THE HOLIDAY LUNCH PROGRAM FOR THE RECREATION STAFFS AND ALSO FOR THE PICKLE BALL CLUB MEMBERS.

CEDAR HILL SENIOR CENTER, CEDAR HILL, TX 501C3 CODE

DONATION = \$ 4,300.00

EXPENSE = \$105.00

T = \$ 4,405.00

PROVIDE FUNDING FOR THE WEEKLY DANCE LESSON. SUPPORT PROGRAMS FOR THE SENIORS SUCH AS VALENTINE DANCE, VALENTINE RAFFLE AND GIFT. PARTICIPATE AND DONATE THE SPECIAL STAFF LUNCHES AND THANKSGIVING LUNCH.

Name of the organization

G.F.J. Charity Inc

Employer identification number

46-1372848

KIDD SPRING RECREATION CENTERS, DALLAS, TX 501C3 CODE

DONATION = \$ 1,608.00

EXPENSE = \$ 87.00

T = \$ 1,695.00

PROVIDE FUNDING FOR PICKLEBALL CLUB BEGINNER LESSONS.

MADE DONATIONS TO THE MOTHER'S DAY LUNCH PROGRAM.

MADE DONATIONS TO MEMBERS TO VISIT TEXAS STATE FAIR IN DALLAS.

MADE DONATIONS FOR MEMBERS TO VISIT US TREASURY CURRENCY MAKING CENTER AT FT. WORTH, TX.

PROVIDE SUPPORT FOR THE PICKLEBALL ACTIVITY. FUND THE REGULAR LUNCHEON PROGRAM FOR THE CLUB MEMBERS AND STAFFS AT KIDD.

THREE SQUARE FOOD BANK, LAS VEGAS, NV 501C3 CODE

DONATION = \$ 1,000.00

EXPENSE = \$ 662.00

T = \$ 1,662.00

TO VISIT AND PARTICIPATE THE CHILDHOOD HUNGER CAMPAIGN. TO HELP FEED THE HUNGRY CHILDREN IN SOUTHERN NEVADA. TO TOUR THEIR FACILITY AND ATTEND THEIR DISCUSSION FOR THEIR VOLUNTEER PROGRAM.

Name of the organization

GFT charity Inc

Employer identification number

46-1372848

PTP OF ACADEMY 1 MIDDLE SCHOOL, JERSEY CITY, NJ 501C3 CODE  
 DONATION = \$ 1,000.00  
 EXPENSE = \$ 400.00  
 T = \$ 1,400.00  
 DONATION MADE FOR PURCHASING COMPUTERS FOR THE STUENT'S CLASSROOM.

CENTRAL JERSEY DANCE SOC., PRINCETON, NJ 501C3 CODE  
 DONATION = \$ 1,048.00  
 EXPENSE = \$ \$ 200.00  
 T = \$ 1,248.00  
 TO SUPPORT THE DANCE ACTIVITY FOR CENTRAL JERSEY BALLROOM DANCERS. TO FUND THE PAYMENT FOR THE DANCE TEACHER AT THE DANCE PROGRAM.

KENDALL PART RESCUE SQUAD, KENDALL PARK, NJ 501C3 CODE  
 DONATION =\$500.00

WILD BABY RESCUE CENTER INC. BLAIRSTOWN NJ 501C3 CODE  
 DONATION =\$250.00

GRACE PRESBYTERIAN VILLAGE, DALLAS TX 501C3 CODE  
 DONATION =\$240.00  
 DONATED FOOD FOR THE NURSES FOR EASTER, NURSING DAY, AND OTHER HOLIDAYS.

CRESCENT PLACE, CEDAR HILL, TX  
 DONATION=\$60.00  
 FOOD FOR EASTER TO THE STAFFS.

CEDAR HILL FIRE DEPT., CEDAR HILL, TX 501C3 CODE  
 DONATION =\$312.00  
 DONATED THANKSGIVING LUNCH TO ALL THE FIRE FIGHTERS.

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Name of the organization

GFT charity Inc

Employer identification number

46-1372848

OTHERS --

WESTGATE CHRISTIAN ASSEMBLY, OKLAHOMA CITY, OK 501C3 CODE  
DONATION =\$200.00

ACBL, HORN LAKE, MS 501C3 CODE  
DONATION =\$108.00

CHAPEL HAVEN ENDOWMENT INC, NEW HAVEN, CT 501C3 CODE  
DONATION =\$500.00

USA DANCE, DALLAS, TX 501C3 CODE  
DONATION =\$24.00

NATIONAL PARK, WASHINGTON DC. 501C3 CODE  
DONATION=\$250.00

PVA, WASHINGTON DC, 501C3 CODE  
DONATION=\$25.00

FT. WORTH BOTANICAL GARDEN, FT. WORTH, TX 501C3 CODE  
DONATION =\$26.00

DALLAS ARBORETUM, DALLAS, TX 501C3 CODE  
DONATION =\$129.00  
EXPENSE = \$ 45.00  
T = \$ 174.00

DALLAS SUMMER MUSICALS, DALLAS, TEXAS 501C3 CODE  
TICKETS = \$ 235.00  
DONATED TO CEDAR HILL SENIOR CENTER (501C3 CODE).

PRESIDENT TRUMAN WHITE HOUSE, KEY WEST, FL. 501C3 CODE  
EXPENSE =\$390.00  
PREVIOUSLY SUPPORTED

Series of horizontal dashed lines for additional entries.

Name of the organization

GFT charity Inc

Employer identification number

46-1372848

GFT CHARITY INC SPONSORS 2017 NEW YEAR'S EVE GALA TOGETHER WITH CENTRAL JERSEY DANCE SOC. MEMBERS (501C3 CODE) IN PRINCETON, HAMILTON AND PA AREA.

NEW YEAR'S EVE DINNER DANCE --

NOTTINGHAM BALL ROOM COST = \$ 7,999.00

OTHER EXPENSES, DJ (MUSIC), PERFORMANCE ETC = \$ 3,062.00

REVENUE = \$ 8,835.00

T = (NET DONATION) = \$ 2,226.00

NEW YEAR'S EVE PARTY, BENEFIT FOR ALL NJ BALLROOM DANCERS AS WELL AS IN NEAR BY AREAS.

A PUBLICITY EVENT FOR GFT, PLANNING FOR FUTURE FUND RAISE ACTIVITY.

OTHER PROGRAMS --

1. EMERGENCY MEDICAL ASSISTANCE TO NEEDED INDIVIDUALS WITHOUT MEDICAL INSURANCE. (LIMITED TO LESS THAN \$1,000.00/CASE). WE ALSO PROVIDED NEEDED TRANSPORTATION TO THE TERMINAL - ILL PATIENTS. IN 2016, \$ 106.00 WAS DONATED TO THIS PROGRAM.

2. TELEPHONE MINISTRY TO HELP THE SHUT INS, WORKING TOGETHER WITH METHODIST CHURCH TO BRING THE CHURCH SERVICES, PRAYERS, AT TIMES ALSO PERSONAL CONSULTATIONS TO THE SHUT INS. WE MADE AN INITIAL \$3,000.00 DONATION FOR THIS PROJECT FOR THE PURCHASE OF TELE-COMMUNICATION EQUIPMENT AND SETTING UP THE PROGRAM.